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MONTANA COMPREHENSIVE HEALTH PLANNING NEWS

Volume One, Number Four November, 1972

L.E.V.4

930 East Lyndale Avenue
Helena, Montana 59601

Nurse Practitioner Program Is 'Success'

S.O.S. Health Center Aims At Community Support

Wilma Nicholson provides friendly health care for youngsters, served through the facilities of the Seeley Lake Health Center.

The board of directors of the S.O.S. (Seeley-Ovando-Swan) Health Center project meet November 10th to discuss the area's alt ematives to financing continuation of the pilot program. The nurse practitioner is being primarily funded in its third year by Regional Medical Program after being initiated in 1969 and being funded the first two years of operation by Comprehensive Health Planning and local contributions.

The directors are expected to discuss the possibilities of creating a special improvement district to assess local taxpayers for operation of the health center facility.

Seeley Lake residents, some 60 miles from the nearest medical facility, say the project has been successful and now talk of the future of the program in terms of a 'hoped-for' new facility (they presently operate from a motel room) and in terms of adding a two-way radio communications system to facilitate emergency services.

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New Health Planner

Mary Jane Crigler joined the staff of Comprehensive Health Planning on October 9th, as a Health Planner.

Miss Crigler most recently served on the faculty of the Graduate School of Social Work at Rutgers, the State University of New Jersey. She holds a master's degree in social work with a specialization in the area of community organization and planning.

Mary Jane was raised in Missouri where her father worked as a journalist. She attended schools in Missouri, California, Massachusetts and New Jersey.

Her hobbies include hiking, backpacking ('I can't wait to get into the back country of Montana'), and music. Miss Crigler initially majored in music, 'but I got more interested in people than notes.' She enjoys and plays the violin – 'I attend Fiddlin' conventions when possible – in No. Carolina and Virginia.'

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SOS Health Center

* *

Success of the pilot project, called S.O.S. Health Center, can be measured in several ways. Recent interviews with a cross-section of residents indicating pleasure with the center – increased utilization of the health care facility – the consideration by residents to fully fund the project on their own – and the case histories of emergency care provided by nurse practitioner Wilma Nicholson.

Wilma, who has served Seeley Lake since July of 1971, said she became interested in the nurse practitioner program when she attended a CHP meeting in May of that year. She had been teaching at the Butte Vo-Tech Center at the time.

She said her initial reaction to her present position was one of 'horror.' She added, "I had had only one week to work with Elsie Toavs, the first nurse practitioner at Seeley Lake. The community had a party for us one evening and at the same time there was a terrible motorcycle accident. The day Elsie was leaving there was another terrible accident. I told her she could've done something about these disorganized accidents and she said, 'Wilma, these are the first we have had."

Wilma continued, "Now, I just love it. I was left a great legacy. This is a great place to live."

Her enthusiasm is infectious. "I love the program," she said, "It certainly should be continued here and introduced to many of Montana's rural areas. I work 24 hours a day sometimes – but people in each of the communities we serve are different and delightful. I used to travel just to get to areas like this."

The nurse, registered 26 years, lives in a mobile home with her young daughter. One day a week another nurse fills in for Wilma. She is paid a salary from the private corporation formed by residents of the area served. The health center operates on an annual budget of some $23,000 with fees, contributions and allocations from Missoula County providing for the area's share of matching funds under the pilot project.

In July of this year 106 office visits were paid to the SOS Health Center – with an additional 3 home calls and seven ambulance rides. In May the center provided a Heart Screening Clinic for 120 people at $5 each. The two day clinic provided electrocardiogram, blood cholesterol checks, blood pressure tests, hypertension counselling, nutrition and weight information. Missoula county gave the center $3000 for their budget – in return Wilma provided full physical exams for school athletes, immunizations, and checked students' eyes and ears. She now acts as school nurse for Seeley-Swan High School, 175 students; Seeley Elementary School, 165 students; Swan Valley grade school, 45 students some 20 miles away from Seeley Lake and 50 miles away for 21 students at the Salmon Prairie school in Lake county.

Nurse Nicholson also works with speech and hearing consultants and pediatric specialists from the State once each month in a clinic for children. A Missoula physician comes up once a month to work with the established Family Planning clinic – taking pap smears and prescribing for those who need medication.

Just recently the health center provided for a pre-school roundup – eye, ear, throat assessments. Dr. Ronald Hamm, a psychiatrist living at Ovando, helped give 60 physical exams for potential area athletes.

Wilma offers, "Some 50% of the people treated are low-income and about 50% of the local executive board consists of low-income people. The aged of our community are now getting some attention – they never got the care before. Doctors treat me very well – they never refuse anything, and yet most have never met me except by telephone."

"People come to me for full treatment in minor cases and for some degree of assessment in more serious cases – in these instances they are sent into an emergency room or a doctor," she said.

But success of the nurse practitioner program cannot be measured by statistics alone – rather by several individual case histories. On a very cold January 22nd morning, 4:30 – temperature far below zero, Wilma delivered a baby in the back of a Volkswagen bus. The young couple was stuck in a snow bank as they tried to beat the stork to Missoula.

This summer Wilma acted in two separate 'bad' cases of acute respiratory distress due to pollen and bee sting.

Just recently Wilma received a call from Ovando – a woman had been struck by lightning. "I was sure she would be dead when I got there. She was fencing when lightning hit her hand and came out behind her knee – her other hand had also been burned by the bolt. Her husband pulled her away from the fence and administered mouth-to-mouth resuscitation. When I saw the woman was all right I referred her to her own doctor. I came back to the office and told Sandy we could not charge for our services. After a miracle like that it would have been criminal to send a bill."

The center charges $4 and supply costs for office calls and $6 plus supply costs for home visits. Sandy is Sandy Doucett of Seeley Lake who has worked as secretary for the center since it opened its doors September of 1970.

Most dramatic of emergency services Wilma has been called upon to adminster was that of a traumatic ampu-

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SOS Center

tation of a foot of a 16 year old area boy. "He caught his foot in a hay loader and it was amputated above the ankle, muscle had been separated from the bone. The shaft of the machine first had to be removed from the leg. Farm hands had utilized bailing twine and lodgepole pine for a tourniquet. That saved his life. I asked that they call a doctor in Missoula to meet us as we drove to the hospital and asked that he bring an IV and pain killer. The doctor met me about 15 minutes from Missoula. The foot was grafted back on and the youngster will now have the opportunity of being able to walk again, with braces."

* *

Currently, CHP is working to identify and help initiate nurse-practitioner programs in other isolated areas of Montana.

Nursing Bureau — CHP Plan 'Team Approach'

Another step has been taken in the struggle to consolidate and coordinate state-level efforts to help individual Montana communities with their health needs and problems.

The State Nursing Bureau and the Division of Comprehensive Health Planning have established a coalition to develop a 'Planned Team Approach' to aid in developing local community ability to respond to both immediate and long term health needs.

Sparked by discussion of the difficulties involved in meaningfully evaluating the health-care impact of the Seeley Lake Community Nurse Project, now well into its third year of operation, nurses and health planners agreed to more formally unify activity.

"I'm really delighted we've arrived at this point in time," said Nursing Bureau Chief Virginia Kenyon. "While the team effort will provide a broader spectrum of professional health services available from the state to communities which request assistance, it will also afford local nurses greater community input into health planning."

"It's a team approach to problem solving," said CHP Director Robert Johnson. "When a local problem is discovered, we can pick members to tackle it."

The cooperative effort by the two divisions of the State Department of Health and Environmental Sciences calls for Manpower planning to be developed by CHP, with the State Bureau of Nursing providing for implementation – describing for interested communities, various alternatives available to provide better health care delivery systems.

"We're here to help," said Mrs. Kenyon, "not to impose our will. The pilot project will help develop a mutual trust between us and communities by aiding them in solving their immediate needs."

Ask Legislative Council To Study Health

An ad hoc committee on public health will meet in Helena, Friday, November 10, to consider a proposal requesting the state's Legislative Council to study the role of public health.

The group was created by Personal Health Service Committee of the State Advisory Council in response to one of the recommendations made by the Low Income Task Report.

The group met for the second time in Great Falls on October 11 at which time a desire to see a uniform philosophy on public health applied in all counties was expressed.

Those present also felt uniformity of structure and management through the development of multi-county health departments should be explored.

Following considerable discussion on the need for a uniformity of effort on the part of all Montanans to meet public health needs, the committee requested the state CHP staff to prepare a rough draft of a resolution asking the Legislative Council become involved in studying the role of public health in Montana.

Membera of the committee include: Frank Sennett, Helena; Mrs. Rose Weber, Helena; Dan Newman, Helena; Dr.Katherine Dawson,Helena;Dr.Lewis Patrie, Billings; John W. Lohman, Butte; Milo Dean, Great Falls; Virginia Kenyon, Helena; Ray Stoner, Plentywood; Michael Donovan, Helena; Virgil Miller, Great Falls; Dick Barber, Helena; Jean Anderson, Billinga; Jim Murry, Helena.

Letters to the Editor

Mr. Robert R. Johnson, Administrator
Comprehensive Health Planning
State Department of Health & Environmental Sciences

Dear Mr. Johnson:

I have completed reading your Comprehensive Health Planning News of May 24th. The first item on the cost of hospital care per day was misleading to the public and irritating to those of us who are health professionals. The article compared the cost per day in 1946 ($9.50) to 1971 ($81.00). In no way was the comparison between health care in 1946 and 1971 mentioned.

Perhaps you are not aware that in 1950 health care was limited to mainly pallative measures. We did give sulfa medication and penicillin was a new drug just coming into its own. Today there are over 500 types and forms of antibiotics available specific to various disease conditions, depending on the variety of lab tests NOW available to diagnose such conditions. There were no inhalation therapy treatments in 1946 and patients died from lung conditions.

Of course, the era of technology has effected all health care and increased costs. For example: pace makers, monitoring the heart patient in intensive care units, products and surgical procedures that make the crippled and injured walk, talk, see and look human again, physiotherapy equipment and procedures that take over where surgery leaves off, special burn treatments and skin graft, vascular surgery with synthetic grafts, cosmetic surgeries that can help the patient suffering mentally and physically from disfigurement. These are only a few items of what health care today does for the needy patient.

As for the comment in the same article concerning the costs of empty hospital beds, I feel this is a reflection on the CHP itself. What recommendations do you make to the Department that continues to approve institutional building and expansion while 50% of the available beds in the area are empty? An example of this recently occurred in Missoula, Montana. Although St. Patrick's Hospital had many beds not in use, a new community hospital with increased bed capacity was built. And the patient does pay for those beds and the new hospital.

Are you talking at all to the health professionals or limiting yourself to the consumer, who like yourself, probably has no conception of what makes a health institution function. If you see only the tree and not the forest, you do all of us who pay your salaries a great disservice.

Sincerely,
J.Cromwell, R.N.
724 North Ewing
Helena, Montana

Council Adopts CHP Work Program

The Comprehensive Health Planning Council adopted the work program developed by CHP staff and committees, at its September 26th meeting.

25 council members heard George Clark explain the Facilities Committee report: 'Our committee approved the Facilities work program submitted by the CHP staff – with one modification – we deleted the 'Certificate of Need'.'

Clark continued, 'We approved the Hill-Burton Plan. We moved to require submission of data from the Montana hospitals, on a fiscal year basis, to aid the planning by the Hospital and Medical Facilities.

'At the same meeting,' he went on, 'we created a sub-committee to aid the hospital and medical facilities – updating the licensing regulations regarding Montana health care facilities.'

Removal of the Certificate of Need from the Facilities Committee Report led to a motion by Alex McAllister, president of the Northwest Areawide Council: 'Ad hoc committees, to my mind, are just people who will delve deeply into some issue on our behalf and come back and report to us, provide information to us which will enable us to make a decision, not come up with a decision for us or a recommendation we feel we dare not vote against.

'And, I think with the pending legislative session the full force of this body, providers and consumers, recognizing that some form of legislation is necessary, should make a definite recommendation for the specific type of evaluation – or form a very definite representative group to evaluate it in more depth before presenting it to this body.'

McAllister's motion was adopted by the council.

In the absence of George Darrow, Ted Clack of the CHP staff, offered the Environmental Health Committee Report. Clack outlined primary objectives of the committee's work program – Environmental Site Permit proposal, Citizens Cadre of Environmental Observers, and proposed environmental legislation. The committee report was adopted in its entirety.

Reporting for the Areawide Committee, Charles Walter asked the Montana State Department of Health and Environmental Sciences provide – as a line item in its budget – enough resources for matching fund purposes for areawide planning organizations. He told the council areawide coordinators were forced to spend too much time in pursuit of financial resources for federal matching funds.

Paul Carpino said the Personal Health Services Committee agreed to accept the new work program, but offered four additional recommendations for consideration: '1. The establishment of a standing committee on legislation. We recommend the Executive Committee could fulfill this function. 2. In order to control duplication, fragmentation, and competition for scarce health dollars among providers of health services, State and areawide health planning organizations must be strengthened by legislative and executive order. All requests for public funds must be required to go through a review process by the appropriate planning group and a determination made as to whether or not the request will result in problems. 3. Comprehensive health planning bodies should be required to establish or increase low-income representation on their boards to a level reflecting the ethnic and economic composition of the areas they serve. In any case, low-income representation should be from organized groups and not be less than 15% of the Board membership or one-third of consumer membership. 4. Boards of health care facilities, both non-profit and proprietary, receiving public funds should be required to include representatives of organized low-income groups in the membership of their Board of Directors; i.e., clinic, nursing homes, hospitals.'

After considerable discussion of whether or not the state council should adopt recommendations along with the work program, the committee report was adopted by a one vote margin.

Anita Richards, chairman of the Health Manpower Committee, said the whole of the CHP work program had been adopted, but additionally, 'we recommended CHP, in cooperation with the MSRMP AND IRMP, and other appropriate agencies, summarize and compile all past study projects and other health manpower projects in order to evaluate past experiences and findings in an effort to implement solutions to manpower problems in Montana.'

Mrs. Richards continued, 'The committee also asked that CHP staff compile a Physician's Recruitment Manual in rough draft form by our next meeting date, November 4th.

'Further, the committee also wants an effort to identify five communities in Montana which might be desiring to initiate a nurse-practitioner program.'

Advisory Council members in attendance include Arthur B. Anderson, Grace Bates, Jessie Bierman, Emmett Carey, Paul Carpino, George Clark, Milo Dean, Don Foster, Frances Gosney, Rod Gudgel, Matt Himsl, Sharon Juelfs, Alfred Lane, Bill Leary, Virgil Miller, Charles Walter, Emma Peterson, Don Pizzini, S.C. Pratt, L.B. Preston, Arlyne Reichert, Anita Richards, Norman Taylor, Alex McAllister and Lt. Governor Tom Judge.

Whitehall To Study Health Needs

by Mike Murray, Health Planner
Southwest Areawide

The Whitehall Health Advisory Council, at a meeting October 10th, decided to sponsor a catchment area health problem hearing to determine health needs. The council will invite resource people to the meeting to explain alternative methods of providing health delivery systems.

Dr. John Morris, local dentist, will serve as presiding officer at the meeting scheduled for November 8th or 15th.

Some members of the Whitehall council felt the Nurse Practitioner program would hurt the community's potential for attracting a physician. The Nurse Practitioner program was explained to the group by Virginia Kenyon of the State Health Department, Nurse Licensing division.

In other news, the council selected members to meet with Aubrey Hall of HEW on November 27th, at which time the group will request Whitehall be considered for possible location of a Public Health Doctor. The community had a similar request denied previously because the town lies within 30 miles of the Butte area.

Another group of council members was chosen to request the Jefferson county commissioners set aside revenue sharing monies for a county health project.

RSVP Program Funded

The Department of Health, Education and Welfare has awarded $23,025 to the southwest Montana Areawide Health Planning Council, Inc., Rep. Dick Shoup, announced from his Washington office.

The council, located in Bozeman, will use the funds to operate a retired senior volunteers program.

Cooperation Replaces Suspicion

Five North-west Montana Hospitals purchased this used truck to deliver goods purchased through their cooperative effort.

Alex McAllister, president of the Northwest Areawide Council and Administrator of Kalispell General Hospital, believes small hospitals can combine their purchasing power to provide savings and use these savings to prevent hospital costs from spiraling upwards at too fast a rate.

About three years ago Mr. McAllister initiated a Group Purchasing plan which now cuts purchasing costs at five different hospitals – Kalispell, Whitefish, Libby, Polson and Ronan.

McAllister said, "One of the smaller hospitals suddenly enjoyed a 20% discount on purchase of I.V.s alone."

The hospital administrator admits, "The Group Purchasing effort was difficult to set up in this particular area because of a long history of competition and pride. There had never before been any physical signs of cooperation between the units."

McAllister said the Group Purchasing project was made easier because Kalispell General Hospital "has a purchasing agent, Tom Metzger, who is good and agressive."

According to the Group Purchasing agreement all participating hospitals may purchase items at exactly the same price.

McAllister added, "There are no freight charges added from Kalispell. So far we've had doctors travelling between the five communities hauling supplies. It's one community aiding another. Now, we've just purchased a used truck with contributions from each of the five hospitals and it will now be engaged delivering supplies."

"Initially," according to McAllister, "other hospitals were suspicious of our motives and of this administrator. They believed we merely wanted to run everything from Kalispell. But now, at least one other hospital is seeking to join our group purchasing effort."

The Group Purchasing plan allows the five small hospitals to buy with a purchasing power measured in terms of over 200 hospital beds. Kalispell General had previously received a 20% discount on purchase of I.V.s – but under Group Purchasing their discount is now 35%.

The young purchasing agent at Kalispell General does all the invoicing, prices out the purchased items to all the other hospitals and handles all the administrative duties – at no cost to the other participating units.

"Now" McAllister adds, "with our new truck we are considering the purchase of bulk oxygen shipments – and providing both pick up and distribution."

McAllister is proud of having initiated the program, "Charges to our patients have not been increased since September of 1969 and the project has minimized increases at other members of our cooperative effort."

WORRYING WON'T HELP!

Monophobia–fear of being alone
Ailurophobia–fear of cats
Ochlophobia–fear of crowds
Achluophobia–fear of darkness
Hypsophobia–fear of heights
Ophidiophobia–fear of reptiles
Kenophobia–fear of empty spaces
Triskaidekaphobia–fear of No. 13
Odynophobia–fear of pain
Cremnophobia–fear of precipices
Lyssophobia–fear of becoming insane
Doraphobia–fear of touching animal fur
Rhabdophobia–fear of being bitten
Hematophobia–fear of sight of blood
Gephyrophobia–fear of crossing bridges
Pantrophobia–fear of everything
Melissophobia–fear of stining insects
Cherophobia–fear of gaiety
Hylophobia–fear of forest
Domatophobia–fear of being in a house
Bacillophobia–fear of microbes
Eremophobia–fear of being lonely
Kinesophobia–fear of motion
Sirerodromophobia–fear of railroads
Harpaxophobia–fear of robbers
Chionophobia–fear of snow
Climacophobia–fear of staircases
Laliophobia–fear of speech
Competivophobia–fear of Shoppers
Hindisghtphobia–fear of running out of

---------- space

Name New Facilities Council

The North Central Areawide Council reports president John Soderberg has named a new Facilities Council to serve for the years 1972-73.

Soderberg also named Ken Wolfe of Shelby to fill a vacancy left on the CHP board.

Wolfe is a consumer. He operates a Standard Bulk Plant and gas station at Shelby. Wolfe is a former state representative from the area.

The new committee includes Dr. Hugh Anderson, Great Falls; Ed Morse, chairman, Denton; Hugh Moeller, Havre; Milo Dean, Great Falls; Doug Richards, Great Falls; Elmer Richey, Shelby; Donald Browne, Lewistown; Ray Amundson, Great Falls; Pat Kirby, Stanford; Marion Smith, Fort Benton; Dave Sande, Big Sandy.

CHP News Now On Recycled Paper

This month's publication is the first issue of Montana Comprehensive Health Planning NEWS to utilize recycled paper. Some two tons of recycled paper will be used over the next year – enough to build one five room house with basement – enough to provide enough oxygen to sustain the lives of 12 people – enough to cut the sound some 50% if stretched along a highway for 60 feet.

The country is faced with enormous problems with our solid waste disposal and we are using our natural resources at a very high rate. As our economy continues to climb and our population increases, the consumption of materials and generation of solid waste will continue to increase in magnitude. Paper represents a significant part of the solid waste disposal problem, and the solution to this part of the ecology problem is going to take the combined efforts of government, the paper industry, and the consumer.

The urgency of protecting our environment is so serious today, and getting rid of solid waste in a sensible manner is so necessary, that we will be forced to recycle more products–including paper–almost without regard to cost.

One of the most important objectives of all reproduction management people should be to foster the use of recycled products for all possible work consistent with acceptable economic practices.

Remember November

He gives you a smile,
He's so full of charm,
He walks down the aisle,
He touches your arm,
He's holding your hand,
Words gush from his throat,
He looks in your eyes––
He's after your vote.

Dorothy Dalton
Menasha, Wisconsin

Administrator's Column

Robert R. Johnson

It is an unfortunate but true fact of life that decision-making boards of directors and bureaucracies responsible for delivering public and private services to Montana citizens almost unavoidably become isolated from the people they serve. This causes a situation which makes it almost impossible for the services provided to accurately reflect consumer needs and in turn solve broad-based areawide and state problems. This situation is manifested within the Federal, State and local governments; within the many quasi-governmental services for which the public pays and has little voice in shaping; and in the expenditure of private funds which drastically influence the cost, efficiency and effectiveness of services which we must all use.

The Comprehensive Health Planning Program at both the State and areawide levels has been assigned by the Congress of the United States the responsibility for incorporating within its structure the guarantee of effective citizen input and control. The purpose of this involvement is twofold: the first is to insure that the administrator of the CHP program does not become isolated and insensitive to consumer needs and problems, and the second is to insure CHP's responsibility for health planning does not become blurred through isolated insensitiveness and control by special interest groups.

More specifically, the reasons CHP and many other public and private programs need and should have citizen participation include the following:

1. The need for identification of local needs or problem conditions from personal experience.
2. The need for the provision of advisory assistance and for administrative and service personnel.
3. The need for insuring that proper representation of citizen interests exist on policy-making boards, advisory councils, and areawide cooperative efforts.
4. The need for constituency support. Through participation, citizens usually become committed to the plan or program sufficiently to be able to take responsibility for its implementation.
5. This type of participation insures that the results of program activity will culminate in action. Roadblocks preventing needed improvements consistently crumble in the face of pressure from active, interested, and knowledgeable citizens groups.
6. The need for the development of new programs and the continued voluntary assistance in their operation.
7. The need for wise use of resources. Through legal authority or the simple use of a strong power base, insured because of broad based citizen involvement; unrealistic or wasteful action-plans can be prevented from becoming implemented long before they waste precious community resources.

Private citizens, do have a great stake in the outcome of planning and administrative activities which are many times carried out with little if any citizen input. Citizens pay the cost, both for the planning activities and the eventual funding of the program or service. Through their daily experiences citizens DO have a view of how they would like their cities arranged, their services provided, and their government run. Citizens are aware of many subtle points concerning their communities and the services provided therein of which planners, administrators and service personnel are many times totally unaware. Large segments of our community and State have hope of influencing most of the daily forces with which they must struggle. This feeling is especially prevalent among the masses of citizens who do not have positions of influence and financial resources that usually provide power. Proper representation from these groups can help alleviate this situation. A great reservoir of talent and experience exists among citizens who are not already involved in planning and policy making activities. This reservoir must be tapped and used to our State's advantage. And finally, to reiterate an important point, citizens can serve as spokesmen for the efforts of planners, administrators, and people providing services by applying pressure on decision makers for implementation of improvements in THEIR program. The program becomes THEIRS through complete involvement in planning and decision making extending over a period of time sufficient enough to prove to the citizens that they are not considered window dressing.

The CHP program takes its mandate for citizen involvement seriously. This part of the CHP program in the past has been anything but perfect. For the future, the staff and the existing councils and committees are making every effort to improve this basic, extremely important ingredient of the foundation upon which every successful planning program is based. The specific actions the CHP agencies, both areawide and state, are taking to improve citizen participation will be reported in this and following newsletters. We welcome ideas or suggestions the readers of this newsletter may wish to provide.

Future prospects for greater and greater emphasis is placed on this type of approach to public and private decision making. Broad-based citizen involvement is expensive and time consuming. At times it is exasperating and threatening to decision makers, but the CHP program thinks the final goal is worth the effort.

Discuss Subdivision Legislation

by Ted Clack, Planner

A meeting of agencies involved in the planning, development and control of subdivisions was held September 1, in Helena, at the request of the Department of Planning and Economic Development. Present were representatives of the Department of Health and Environmental Sciences, DPED, Federal Housing Authority, Environmental Quality Council, Montana County Commissioners, CHP and the Real Estate Commission. The meeting was held to discuss problems in regulation of subdivisions posed by existing statutes and to discuss solutions to these problems.

Meeting participants agreed that legislative change of regulations governing subdivisions was in order. DPED & REC will submit bills more clearly defining subdivisions and the standards they must meet during the next legislative session; the DH&ES will submit amendments to existing statutes.

The REC presented its legislative proposal during the meeting. The REC proposal received less than enthusiastic response due to the nature of the definition of subdivisions contained within it. The proposed definition would have excluded all subdivisions of less than 10 lots – the majority of subdivions developed in Montana are of less than 10 lot size.

During the remainder of the meeting, participants voiced their concerns about subdivision developments, as presently controlled by existing statutes. Of primary concern to some participants, particularly those from DH&ES, is their inability to place legal restrictions on lots until subdivision plans have been filed. Due to this legal difficulty some subdivision developers sell lots before they are filed – some lots sold are worthless for housing inasmuch as sewage and water supply regulations CANNOT be met by individual owners. Such problems place lot purchasers and local sanitarians in a considerable bind. Further, DH&ES personnel, by law, can only consider water supply and sewage disposal variables – they have no jurisdiction in other matters. As the law now stands, anyone can file anything that will get the approval of the County Commissioners – "under the law, a developer could level a mountain, as long as water and sewerage demands were met."

Environmental impact statements, required by the Montana Environmental Policy Act of 1971, are conducted for the EQC by the DH&ES. Such impact statements are prepared only for exceptional or controversial development projects – projects which occur in already developed areas, or which represent 'orderly development' do not receive impact assessments. Regardless of the limitation of such impact statements (limited to statements on sewage disposal and potable water supplies) the EQC representative felt they were of value due to the public exposure that such projects receive. EQC felt that, given such exposure, undesirable projects could be blocked by a dissatisfied public, even if the law mandates assessment on a public health basis only.

Other controls on subdivisions lie within FHA regulations. FHA requires impact statements on subdivisions utilizing FHA benefits, but such statements are exclusively economic in nature, and deal only with factors affecting project marketability. Such concerns deal with water and sewage supplies, roads, covenants on further subdivision of lots, etc. According to the FHA representative, about 50% of subdivision developers applying for FHA benefits back out of the program due to impact statement requirements.

All participants agreed that changes in the existing statutes were needed. All agreed that a specific and common definition of subdivisions was needed. Agreement was also reached that more authority and responsibility should be given local government in the control of subdivision developments, although common agreement was not reached regarding the site of ultimate authority for final decisions regarding such developments. Existing statutes apparently permit much more local control over subdivision developments than as presently observed, but the relevant chapter of the statute in question is so confusing that county commissioners have been reluctant to act. Considerable disappointment was expressed with the performance of county commissioners regarding subdivisions and several pleas for 'local government with guts' were heard. The representative of the commissioners agreed that past performance had been less than optimal but stated that the state's county commissioners now recognized the severity of the problem and were willing to act, calling for strict definition of subdivision and for exposition of specific guidelines and regulations.

The meeting concluded with an agreement by the participants to maintain communications and to cooperate in the submission of proposals to the next legislative session. Although the DH&ES, DPED & REC still intend to submit separate proposals, DH&ES and DPED have apparently been working closely together in the development of their proposals and will continue to do so. Representatives of the DH&ES and DPED have agreed to meet with the EQC at the convenience of the committee, to discuss their separate proposals and to solicit the aid and support of the committee.

North Central Areawide An Active Organization

by Warren Brass
Planning Coordinator for Areawide Affairs

The North Central Areawide Board of Directors met September 6th at Fort Benton, with Rev. John Soderberg presiding at the quarterly meeting.

The Board ratified their contract with the state 'A' agency. Frances L. Ernest, Secretary, reported that $4200 of their $5000 in pledges had been forthcoming, with the remaining $800 expected soon. The State matching monies were being processed at this time.

Congratulations to Levi Taft and his board for a job well done.

The Executive Council, at a series of four meetings, established Proposed Functions and structure for the following committees:

1. Facilities
2. Manpower
3. Health Services and Planning
4. Environmental.

Members of these committees have been appointed and are in the process of being finalized. The board of directors gave its approval to the Executive Council actions in this regard.

Dr. Clayton Pederson, an Optometrist from Cut Bank representing Glacier County, was elected to the board.

A motion was made and passed that all requests for review of plans for facilities construction, expansion, modernization or replacement be made at least sixty days in advance in order to ensure that the Facilities Committee would have adequate time to properly process them.

Suggest Regional Land Use Planning

Ted Clack (left), CHP Staff Health Planner, discusses potential for regional land-use planning centers with Professor Phillip Lewis of University of Wisconsin.

by Ted Clack, Health Planner
Environmental Health

Professor Phillip Lewis, a landscape architect and land use planner of national and international repute, currently a faculty member at the University of Wisconsin, recently met with representatives of State agencies and industries concerned with the development of rational land use planning and planning capability in Montana.

During this meeting, Mr. Lewis presented his Environmental Corridor concept and elaborated upon this concept to suggest the development of regional land use planning centers which would serve as focal points for ecumenical inventories of regional resources, for planning the uses of these resources, and for gaining public involvement in both processes. Lewis repeatedly emphasized the critical need in rational planning for adequate data concerning physical, social and cultural resources and the patterns in which these resources occur, and for public comment upon and involvement in the perceived value of these resources and the appropriate uses of them.

Lewis' contention was that such regional planning centers could serve as useful loci for inter-agency cooperation, data sharing and joint planning, and for public education and involvement.

Citing his experiences in other states, most notably Wisconsin, Lewis indicated much of the data and planning capability necessary to sound land use planning is already in existence but is diffused throughout a multitude of state and other agencies and organizations.

Creatikn of regional planning centers could provide a means of pooling and utilizing such data and planning abilities and further provide a focus for public involvement.

That Mr. Lewis' contention that a considerable breadth and diversity of talent, data and planning programs now exists within Montana became apparent during the meeting, as did the conclusion that little constructive and consistent collaboration and cooperation now exists between many of the agencies and interests represented at the meeting. Many participants complained of problems of communication engendered by bureaucratic territory conflicts and by administrative misunderstanding and short range priority setting. Most participants agreed that interagency cooperation would be productive, if it could be attained. Participants in the meeting also appeared to agree that little productive collaboration or cooperation would be reached without some legislative or executive mandate.

Seek Greater Low Income Representation

The Personal Health Services Committee will meet November 10th in Helena to discuss strategy for implementing recommendations adopted by the Montana Advisory Council for Comprehensive Health Planning. The Advisory Council adopted recommendations calling for a minimum level of low income representation on CHP boards, hospital boards and others which deal with the health and well-being of low income people.

Two Stanford residents appealed to the committee at its Great Falls meeting, October 11th, for aid to resolve facilities and manpower problems in their community.

Mrs. Phyllis O'Brien and Mrs. Saima Myelymaki indicated Stanford is now without a physician—and that another physician has indicated an interest in practicing in the community, but the existing facility required some changes to attract the prospective physician.

Other problems outlined by the Stanford residents included the loss of its ambulance next January and the need of a nursing home in the community designed to facilitate the group of Finnish elderly living there.

In attendance were: Paul Carpino, chairman; Frances Gosney and Sharon Juelfs, board members; Pat Morgan, CHP staff and VISTA volunteer; Dennis Taylor, VISTA; Marilyn Crucuus, Montana State Low Income Organization; Jeri Adair, VISTA; Mark Pozner, MSLIO: Dave Depew, State CHP staff; Edith Everly of Geyser and Vicki LaRocque, MSLIO.

Discuss Creation Of Environmental Centers

The Environmental Health Committee of the Montana Advisory Council for Comprehensive Health Planning has agreed to work towards the creation of local centers of competence in environmental health planning within various areawide health planning organizations, as a step toward achievement of greater citizen involvement in all environmental concerns confronting Montana. The exact nature of these centers and the means of organizing them was left unspecified, to be determined as a function of local feasibility and through negotiation between areawide bodies, Environmental Health Committee members and state Comprehensive Health Planning staff. The committee intent is to stimulate more active involvement and more flexible approaches to local problems by leaving organizational and content options open. Negotiations with local bodies will be directed towards encouraging such local centers to serve as sourves and repositories of pertinent information for federal, state and local agencies and organizations concerned with local problems and as forums for public interest in and discussion of such problems. Information in this context, could be defined as: relevant scientific data; descriptions of technological advances, or difficulties as they apply to environmental matters; descriptions of federal and state programs, grants, projects, and goals; and statements of public needs, desires, goals and values, as derived through public meetings and other mechanisms. The primary difficulty with such a proposal would appear to be the difficulty confronting all comprehensive health planning efforts––excessive demands upon the time of volunteers.

VISTA Report

by Pat Morgan –
Low Income Task Force Analyst

About two years ago the Montana State Low Income Health Task Force Report was compiled under the direction of Comprehensive Health Planning and its state Comprehensive Health Advisory Council. There were a series of hearings held throughout the state involving both the consumers and providers of health care. Information was gathered on the health delivery system as seen through the eyes of Montana's Low Income Consumers. Over four hundred low income persons attended thirty-five low income hearings held in twenty two communities throughout the state, including Indian reservations. Out of these hearings came eleven recommendations for change, either at the state or local level. Some of the changes at the local level involved local health units, clinics offered, clinic hours, attitude of the clinic staff toward low income consumers. Some of the programs seemed not to be geared for the people they were supposed to be serving. Other problems involved legislative change; welfare policy change; the cost of health care as a barrier for people trying to receive health care; and the addition of more health programs.

One of the problems I encountered when I arrived at CHP two months ago, was that no one had been specifically assigned to work with the report. The personal Health Services Committee, other agencies and interested people around the state had been dealing with some of the recommendations made by the report, but there was little coordination of effort.

The state is broken down into five planning areas, when the report–as completed for the Missoula area wide was compiled. At the present time I'm completing the remaining four area wide reports in hopes that it will more clearly define the identified health problems in each of the five planning areas in the state. Hopefully by breaking down the information into specific areas it will become a more useful tool for change.

One of the eleven recommendations made by the report was repeal of the Lien Law. Presently I'm doing research into the Lien Law, to be utilized by low income organizations interested in legislative change. Also in process is the updating of the Health Task Force Report, to determine its impact and the work still to be done.

When the area wide reports and the updating of the Health Task Force Report is completed I will work on the legislative recommendations, as well as be a resource person to groups setting up health programs.

Explains Planning Role –

by Ted Clack, Health Planner
Environmental Health & Health Facilities

My duties are threefold and are discussed under the following:

1. Environmental Health Committee and Environmental Health Planning.

A. An activity within the work program mandate analysis of the ESPS (Environmental Site Permit System) handbook. I have written to the Montana Congressional delegation requesting their aid in such analysis – which aid is hoped to amount to some political pressure put on regional EPA (Environmental Protection Agency) and the identification and initial contact of sources of evaluative ability. Representative Dick Shoup's Environmental Aide has done a cursory reading of the system and has written his thoughts of it – this material is to have been sent to the EHC (Environmental Health Committee) members. I also will write up my comments on the system in the near future. As soon as sources are identified, copies of the ESPS will be sent, with a cover letter.

B. Committee position paper: I received this paper Friday, as written by an EHC sub-committee and will put the finishing touches on it within the week for retyping and distribution to the committee.

C. I will attempt to arrange a meeting of the EHC for mid September.

D. I will attempt to complete an informational paper for the EHC regarding radiological health.

E. I will distribute versions of the Environmental Work program to the committee so they may choose the one they wish used for public dissemination.

2. Health Facilities Committee.

A. I briefly discussed my responsibilities with others before I am to deliver a speech on planning before the September meeting of the MNHA (Montana Nursing Home Association).

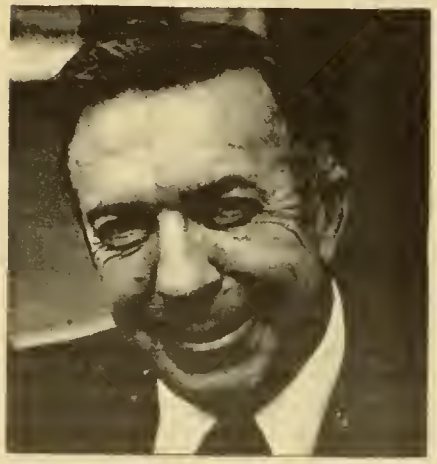
B. I will begin writing some of my thoughts on Facilities Planning for use by the facilities committees (state and areawide), which, I hope, will stimulate some constructive action by those bodies.

3. Support of Agency projects.

A. County Profiles: This will represent, I think, the first data report by a state agency of use to agencies and citizens groups and which will, when complete, represent cooperative planning and production by separate state agencies. We intend to issue this report in four parts – the first of which, Demographic and Socio-Economic Information, is due out in one or two months. We have yet to write the narrative and decide which data items will also be provided in graphic form, – the other chapters of the profiles will deal with Natural Resources, Vital Statistics and Health Resources.

B. Patient Origin Study: The data format has been decided – output is expected later this year.

Southwest Areawide Report



by James H. Foley
Director, Southwestern Areawide

The Southwestern Areawide Health Planning Council has been embarked on an 'Action Oriented' planning philosophy which in the future should present us with a forum or arena for professionals and consumers to discuss what is needed in the health care system.

A. Sponsorship of the Retired Seniors Volunteer Program for the Gallatin County Council on Aging Committee.

B. Formation of a committee in Ennis, whose primary interest at the present is Alcoholism and Mental Health. The State of Montana Alcoholism section is giving assistance in this area.

C. The Inventory of Resource Manual for Butte has been completed and is great. Within two weeks, we will start our educational program with this manual for key neighborhood people, outreach workers in a formal classroom atmosphere.

D. The inventory for Helena and Bozeman is now being updated and we will have both printed shortly.

E. Mental Health Grant – This writer discussed the present status of this grant with Mr. Ted Fasso, who at present is the acting Associate Director of Mental Health, on September 18, 1972. It looks very favorable still, however the inception date depends on the signing of the Health Education and Wellare bill by President Nixon.

F. The Oran Cancer Clinic is tentatively scheduled for the city of Butte in mid-December.

G. Dental Education Program is being formulated with the help of Dr. Terrill, however money is still a problem.

H. A Well-Child program has been initiated by the State Health Department and Dr. Welch. We have been asked to assist his group when they come to a particular county in our area. The program began October 5th in Livingston for Title 19 children, 0–21 years of age.

I. Mr. Mike Murray, Helena Planner, is at present working on expansion of city-county health facilities in Broadwater and Jefferson counties.

J. Within ten days we hope to complete a survey of membership and committees for our areawide which will be sent to members for review and comment.

County Profiles In Preparation

TABLE 1B AREA 2

POPULATIONS OF COUNTIES IN AREA 2:
PERCENT CHANGE, 1930-40, 1940-50, 1950-60, 1960-70, Montana, 1970

County	1930-1940 % Change	1940-1950 % Change	1950-1960 % Change	1960-1970 % Change
Blaine	6.2	-11.0	- 5.0	0.5
Cascade	2.0	26.3	38.5	11.4
Chouteau	-15.2	- 4.7	5.4	-11.9
Fergus	-15.0	- 0.2	0	-10.0
Glacier	70.5	6.8	19.9	- 6.8
Hill	- 3.4	7.4	30.6	- 6.9
Judith Basin	-30.1	-12.4	- 3.6	-13.5
Liberty	.5	- 1.3	20.4	-10.1
Petroleum	-47.0	- 5.3	-12.9	-24.5
Pondera	0	- 4.8	19.7	-13.6
Teton	14.0	4.5	.9	-16.2
Toole	.8	1.4	15.1	-26.1
Area	- .8	8.7	21.8	- 1.5
Montana	4.0	5.6	14.2	2.9

by Ed Mahn, Research Analyst

The above is an example of the county profiles CHP is currently preparing. The project is an attempt to provide basic Demographic, Socio-Economic, Vital Statistics, Health Resources, Environment Data and Services Data for all county levels. The profiles will provide very limited basic trend data from 1930. The County Profiles will be published in a four-part series. It is hoped the data developed will aid in pinpointing various areas of need by providing baseline data not now available.

SUGGESTION BOX:

TOLL FREE
EMERGENCY
Medical –
Police –
Fire –

Many people travelling across Montana are faced with long stretches of highway when the need for emergency aid arises. Too often the emergency problems are multiplied before the traveller reaches the next town. One Montana citizen suggested the information above be printed, laminated in plastic, and placed within each public telephone booth across the state through the combined efforts of CHP areawide councils and local telephone companies and cooperatives. The suggestion calls for the placard to outline a one-digit prefix to the emergency telephone numbers which would automatically make the call toll-free. Too often travellers who happen upon public telephones do not have the change available to place a call. Through the combined effort, the suggestor implies, hundreds of injuries and ailments could be handled easily and facilitate comprehensive health planning in action. Each public telephone would only provide toll-free charges to the nearest local emergency-aid facility.

Dear Reader: It's a great idea – and we encourage such suggestions – but Montana began, slowly, such a program in 1970. And it is not near completion.

Glendive residents and those in West Glendive having telephone numbers with a 365 prefix, have been able to make emergency calls to the police, fire department, sheriff, ambulance service and for other emergency help by simply dialing '911.' It was the first system in the state. Since then the system has been provided in Conrad and Billings.

The three-digit emergency phone number connects callers to a central emergency call director manned by the police department. The attendant is able ti dispatch the needed assistance immediately.

The Bell System first offered the number '911' as a universal emergency number for use by public safety agencies in 1968. A universal emergency number was among the recommendations of the President's Commission on Law Enforcement and was supported by several members of Congress.

Because of the many telephone central offices which must be modified, complete nationwide introduction of '911' service will probably take several years. Estimated cost to the Bell System is more than $50 million.

West Germany, Denmark and Belgium all have three-digit emergency numbers. Great Britain has used the number 999 ever since 1937 – with great success.

In Canada, 16 municipalities in Winnipeg adopted 999 after the mayor discovered a prowler around his house but was unable to get police on a regular line.

Interested communities in Montana can initiate the emergency telephone number system by approaching their local officials and representatives of the telephone company.

Another reader suggests:

In the name of public safety on the highways hitchhikers be registered in a manner similar to the issuance of driver licenses. Events of the past several years have made all hitchhikers suspect, unfortunately, and most drivers hesitant to provide rides for those who need them. In recent years several riders who have stopped to help hitchhikers have been beaten, robbed, and one murdered.

What is suggested to help both driver and hitchhiker is a registration of hitchhikers. According to the suggestion potential hitchhikers would take a brief exam at driver exam headquarters – with questions about where hitchhiking might be allowed (the reader suggests at on and off ramps of freeways and within 50 feet of intersections on all other road systems) and a list of other questions which would help determine the hitchhiker is familiar with highway safety.

The registrant would pay $5 for two years authorization and would receive an identification complete with picture and an arm band to identify him as a registrant while he is hitchiking along the roadway. Drivers inclined to aid the hiker could easily recognize him from the arm band but would ask to see the identification card before allowing him to enter the card. His failure to provide the identification would immediately make his motives suspect.

Further, registration is limited to the age of majority. At eighteen the registrant can sign an affidavit while registering which would remove all responsibility from the good samaritan who might get involved in an auto accident while transporting the hiker.

Use of an arm band when not registered with the state would be a misdemeanor and use of an arm band when not registered to facilitate commission of a crime would be an automatic felony.

The idea of registering hitchhikers originated in Switzerland with a group of students. The program has since been implemented in other countries, with the greatest degree of success in Poland where over 500,000 register as hitchhikers. In Poland they have added an incentive for motorists to transport hitchhikers. Each registered hitchhiker is given a book of coupons. The coupons are given, one at a time, to the driver each time he stops to aid a hiker. The coupons are then sent to Warsaw where the state places the coupons in a lottery run each quarter. Prizes are awarded from funds received during registration.

Dr. Googins Resigns

Dr. John A. Googins of Great Falls has resigned his position as City-County Health Department health officer effective next month to accept a position as state epideminologist for the Oregon State Division of Health. Dr. Googins had served in his present capacity since 1965.

The former member of the CHP State Advisory Council said he 'wanted to get into an area which I enjoy.'

Dr. Googins said the Cascade County board is currently screening several applications in hopes of filling the health officer position.

The health officer said the department's budget had been cut slightly because of the city's dire financial streits, but added, 'that is a relatively minor reason for my leaving – the programs here will continue.'

Inventor Believes Pollution Is Dirty Word

Mr. Filz is constantly busy attempting to develop new ideas.

While many people complain about pollution and waste products, an Hamilton inventor is actively engaged in a project which would make Ravalli County 'ecologically sound' and aid the economy of the Bitterroot Valley.

Charles J. Filz, an inventor for the Sorvall Company of Connecticut, has his workshop at Hamilton. The five-year Bitterroot Valley resident serves as president of the Bitterroot Valley Development Corporation and works with the statewide CHP Advisory Council and state Areawide CHP Committee.

Largely through the efforts of Mr. Filz the area may enjoy some boost in the economy and aid the environment – by utilizing sawmill waste.

Filz said the development company raised some $8,000 locally and is now attempting to secure a direct Small Business Administration loan. Once finances are gathered the firm will set up operation at Del Conner Mill – a sawmill whose waste-burning apparatus did not meet state standards.

The inventor said the benefits will be 'replacing a teepee burner which has fouled the valley air – aiding farmers who are themselves in trouble meeting standards (he estimated the farmers would have to spend some $20,000 apiece to construct pollution abatement pits to prevent seepage of animal waste into the valley water supply) and create initially some three to five jobs, with good growth potential.'

Filz said a recent survey indicated the sawmill created 100,000 cubic yards of waste each year – 'with our proposed project some 90,000 cubic yards will be sold to farmers for utilization in their feed lots, to absorb the wastes. The remaining 10,000 cubic yards will be stockpiled in the valley for use in landscaping.'

He said the bark chips, unusable in particle board make a fine cohesive for compacting driveways.

According to Filz the recycling effort will continue – with the farmer using the old sawdust-waste material as organic mulch on his land – with an excellent potential the organic material could be bagged and sold as fertilizer.

Initiation of the waste-utilization project has led to further potential for the southwestern Montana valley.

Filz is also working very closely with Kenn Wanner of Corvallis, chairman of the Ravalli County Resource, Conservation and Development Committee – in an attempt to locate a 10,000 head feedlot in the valley, about 20 miles from any of the larger communities. Further, through the community self-help program Filz and Wanner, in conjunction with local citizenry, are also studying the further potential of locating a slaughterhouse near Hamilton or Missoula and a cracking plant to prepare wholesale cuts of meats at a centrally located site near Missoula.

Soundly planned development, according to Filz, can be accomplished while retaining an ecologically-sound community.